

Request for Criminal Copies

NAME OF REQUESTOR: _____

DEFENDANT'S NAME: _____

(ONE DEFENDANT PER REQUEST)

CASE NUMBER: _____ FILE LOCATION: _____

_____ FILE LOCATION: _____

_____ FILE LOCATION: _____

DAYTIME PHONE NUMBER: _____

MAILING ADDRESS: _____

Documents Requested:

Charging Document(s) _____ Certified _____

Probable Cause _____ Certified _____

Docket Sheet _____ Certified _____

Sentence & Judgment (disposition) _____ Certified _____

Other _____

Should the other documents be certified: Yes _____ No _____

Signature: _____ Date: _____

Please note:

1. If you are NOT the defendant and the case is confidential, you may not be able to have the information requested.
2. There is a \$3.00 non-refundable fee due at the time of request per defendant, per request. This fee will be applied to the final cost due for copies. (The first page is \$1.00 and each page thereafter is \$0.10. If you would like these documents certified, that will be an additional \$1.00 per seal. If cost exceeds \$3.00 deposit, payment for the remainder will be required before we can provide you with the requested documents.)
3. A photo id may be required.

TO BE FILLED OUT BY CLERK:

ID CHECKED AT TIME OF REQUEST: _____

ID CHECKED AT TIME OF PICK UP: _____